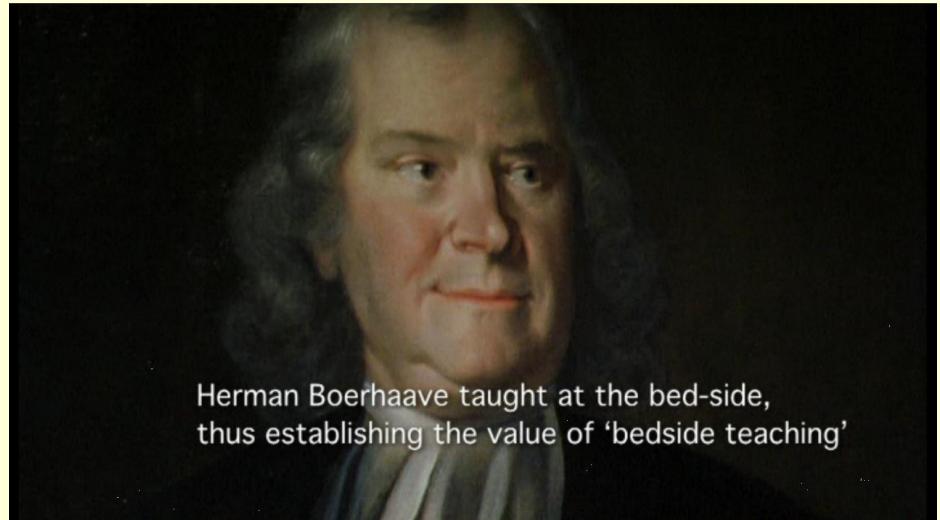




Next generation sequencing in the context of current clinical practice: Implementation and challenges



N. T. V. G. 96, IV: 45 2792 ZATERDAG 8 NOVEMBER 1952

CLINISCHE LESSEN
★
QUO VADIS?
DOOR PROF. DR G. O. E. LIGNAC TE LEIDEN

CLINICAL LESSONS

"From cellular to molecular pathology, man will say:
Indeed, this road must inevitably be chosen"

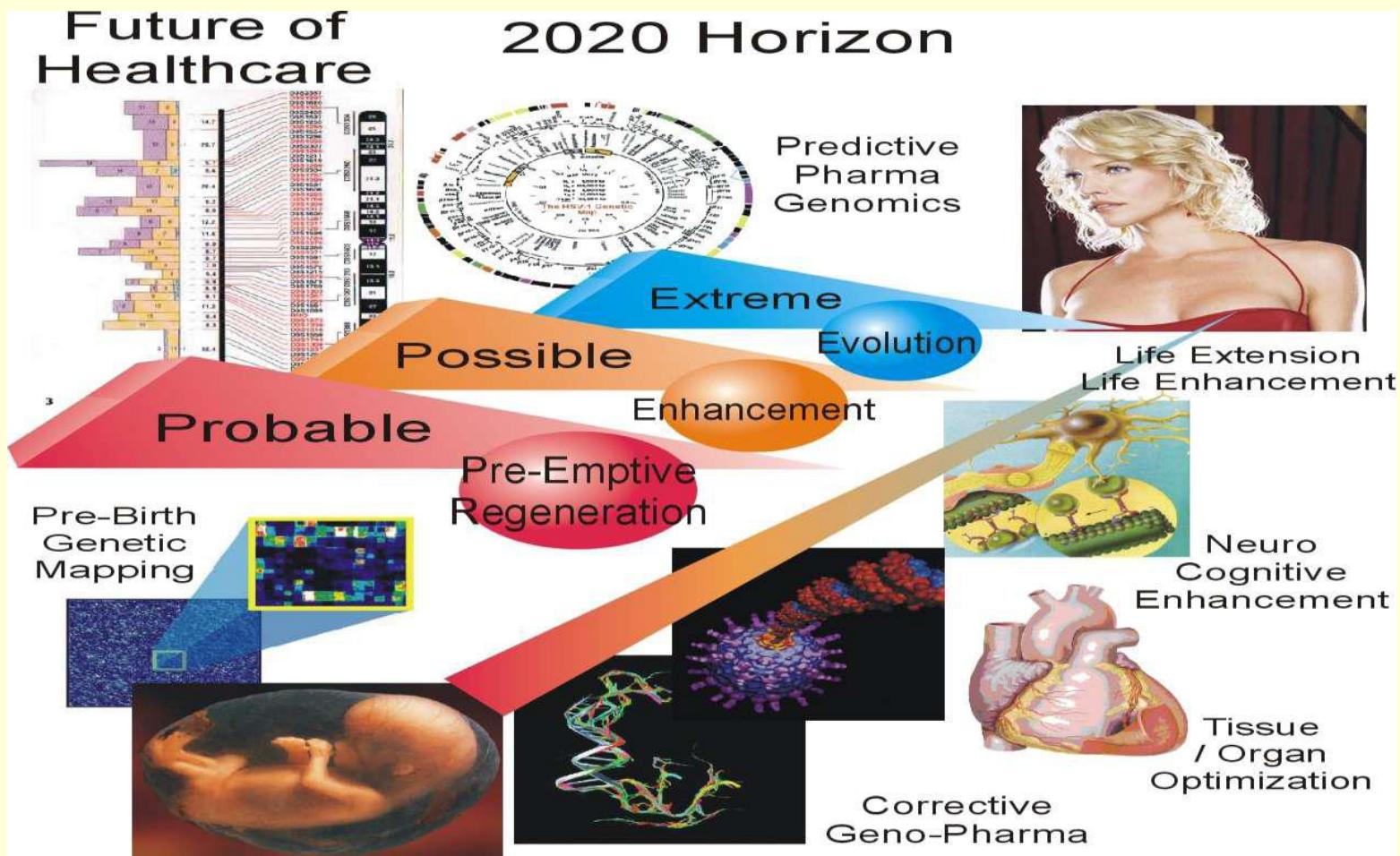
N. T. V. G. 98, III, 38

G. O. E. LIGNAC



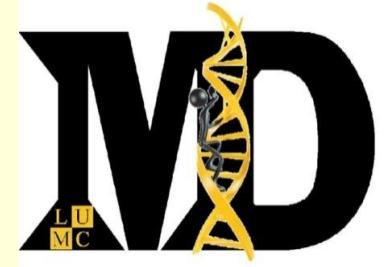
Accreditation of molecular
pathology since 2006

Next generation sequencing of the cancer genome in the context of current clinical practice:
Implementation and challenges

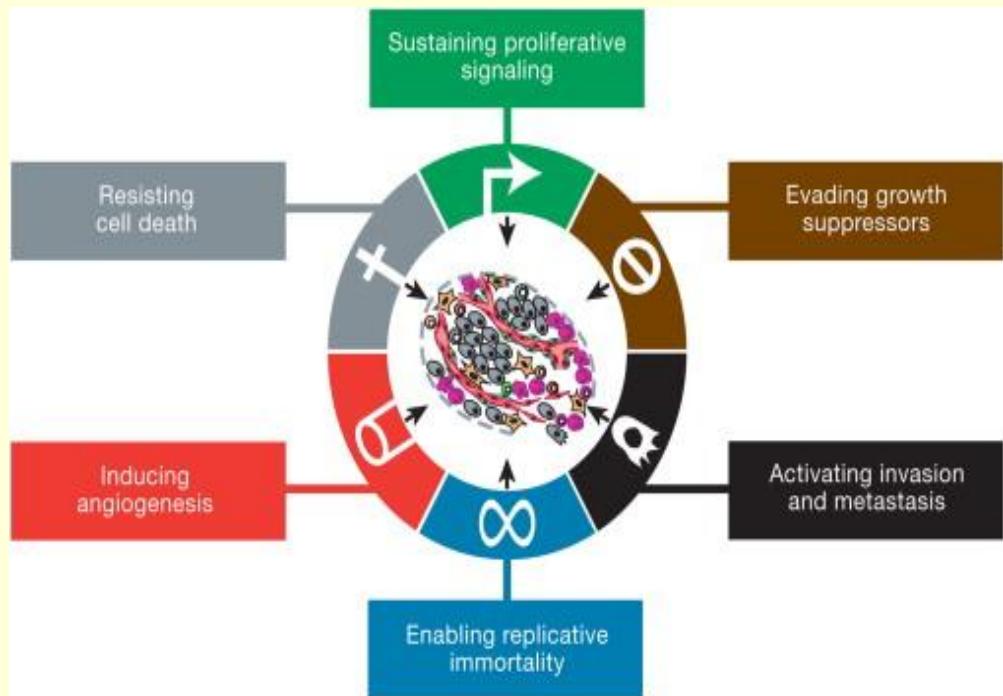


BIOLOGY OF CANCER

Networks of signal transduction pathways in the cell.

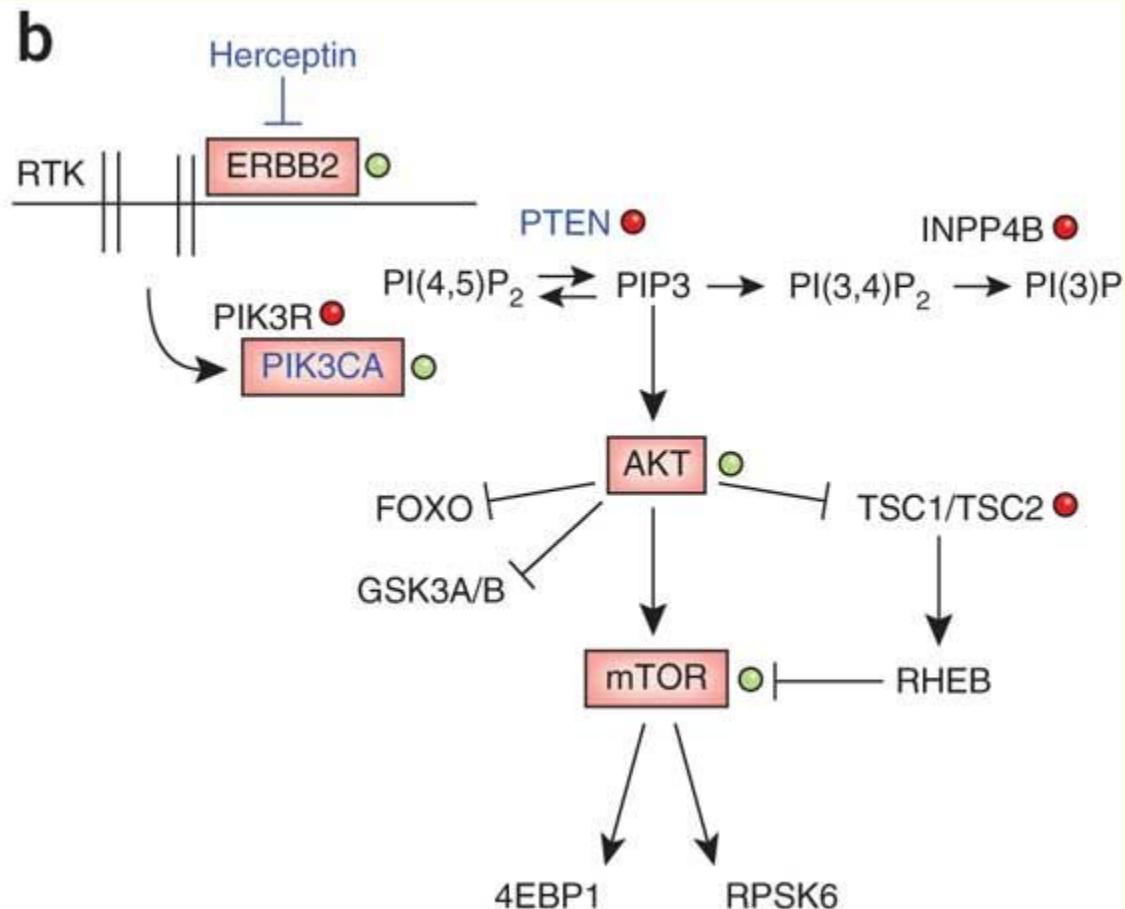
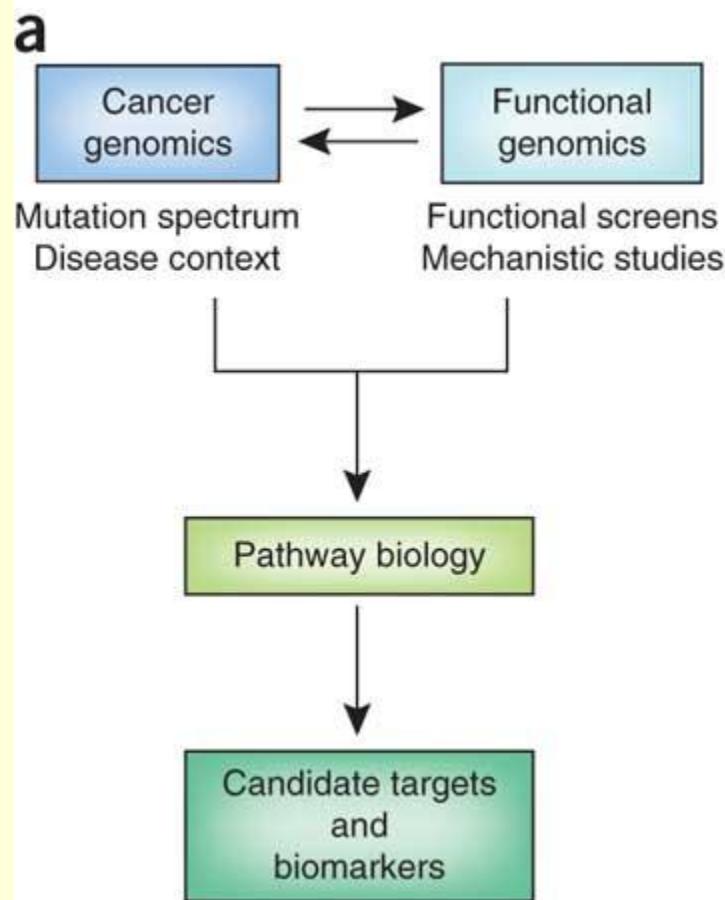


- Critical nodes ('hubs') in the signal transduction network are targets for oncogenic alterations
- Hanahan and Weinberg 2000/2011



Taming the dragon: genomic biomarkers to individualize the treatment of cancer

Nature Medicine 2011



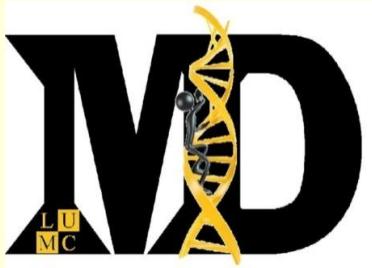
Targeted Therapeutics in Cancer.

Table 1. Targeted Therapeutics in Cancer.*

Gene	Genetic Alteration	Tumor Type	Therapeutic Agent
Receptor tyrosine kinase			
<i>EGFR</i>	Mutation, amplification	Lung cancer, glioblastoma	Gefitinib, erlotinib
<i>ERBB2</i>	Amplification	Breast cancer	Lapatinib
<i>FGFR1</i>	Translocation	Chronic myeloid leukemia	PKC412, BIBF-1120
<i>FGFR2</i>	Amplification, mutation	Gastric, breast, endometrial cancer	PKC412, BIBF-1120
<i>FGFR3</i>	Translocation, mutation	Multiple myeloma	PKC412, BIBF-1120
<i>PDGFRA</i>	Mutation	Glioblastoma, gastrointestinal stromal tumor	Sunitinib, sorafenib, imatinib
<i>PDGFRB</i>	Translocation	Chronic myelomonocytic leukemia	Sunitinib, sorafenib, imatinib
<i>ALK</i>	Mutation or amplification	Lung cancer, neuroblastoma, anaplastic large-cell lymphoma	Crizotinib
<i>c-MET</i>	Amplification	Gefitinib-resistant non-small-cell lung cancer, gastric cancer	Crizotinib, XL184, SU11274
<i>IGF1R</i>	Activation by insulin-like growth factor II ligand	Colorectal, pancreatic cancer	CP-751,871, AMG479
<i>c-KIT</i>	Mutation	Gastrointestinal stromal tumor	Sunitinib, imatinib
<i>FLT3</i>	Internal tandem duplication	Acute myeloid leukemia	Lestaurtinib, XL999
<i>RET</i>	Mutation, translocation	Thyroid medullary carcinoma	XL184
Non-receptor tyrosine kinase			
<i>ABL</i>	Translocation (BCR-ABL)	Chronic myeloid leukemia	Imatinib
<i>JAK2</i>	Mutation (V617F), translocation	Chronic myeloid leukemia, myeloproliferative disorders	Lestaurtinib, INCB018424
<i>SRC</i>	Overexpression	Non-small-cell lung cancer; ovarian, breast cancer; sarcoma	KX2-391, dasatinib, AZD0530
Serine-threonine-lipid kinase			
<i>BRAF</i>	Mutation (V600E)	Melanoma; colon, thyroid cancer	SB-590885, PLX-4032, RAF265, XL281
Aurora A and B kinases	Overexpression	Breast, colon cancer; leukemia	MK-5108 (VX-689)
Polo-like kinases	Overexpression	Breast, lung, colon cancer; lymphoma	BI2536, GSK461364
<i>MTOR</i>	Increased activation	Renal-cell carcinoma	Temsirolimus (CCI-779), BEZ235
<i>PI3K</i>	PIK3CA mutations	Colorectal, breast, gastric cancer; glioblastoma	BEZ235
DNA damage or repair			
<i>BRCA1</i> and <i>BRCA2</i>	Mutation (synthetic lethal effect)	Breast, ovarian cancer	Olaparib, MK-4827 (PARP inhibitors)

* PARP denotes poly(adenosine diphosphate-ribose) polymerase.

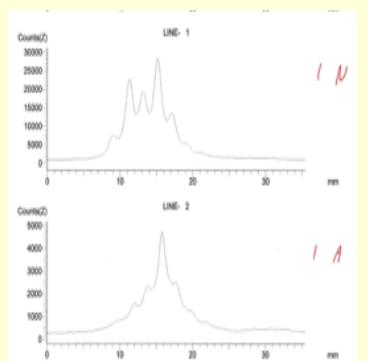
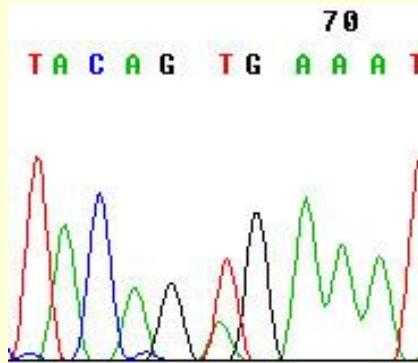


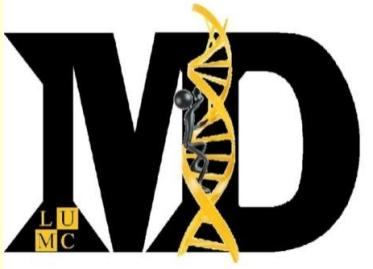


Daily practice



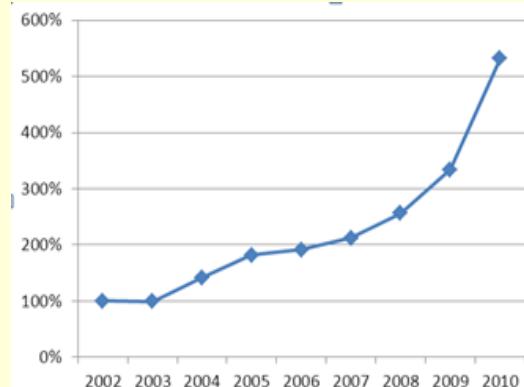
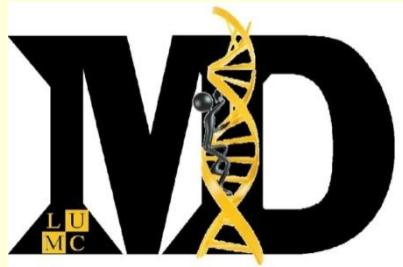
- Amplification
- Clonality
- Genomic alterations/CIN
- Mutation
- Methylation (CpG islands)
- MSI analysis
- Translocation
- (mi)RNA expression
- Ploidie status
- Typing





Current tools

- Allele specific assays
- Classic Sanger DNA sequencing
- Flow cytometry
- Fragment analysis (typing, MSI)
- FISH, CISh/BRISH
- LIPA
- MLPA
- Melting curve analysis
- RT-PCR



- Challenges 2012-....
- Increasing numbers with: Limited (pre-)operative material
 - Early diagnosis, Neoadjuvant therapies
 - Only tissue biopsies/cores
 - Enrichment/microdissection steps
 - FNA material
- Identification of tumorheterogeneity
- Laboratory automation

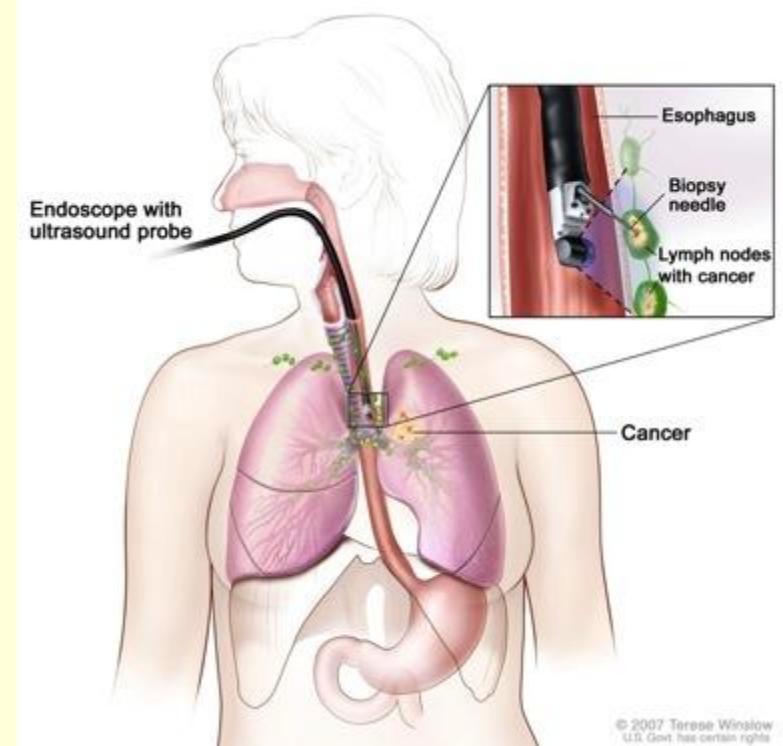


Automation



Preoperative Staging: on Cytological material

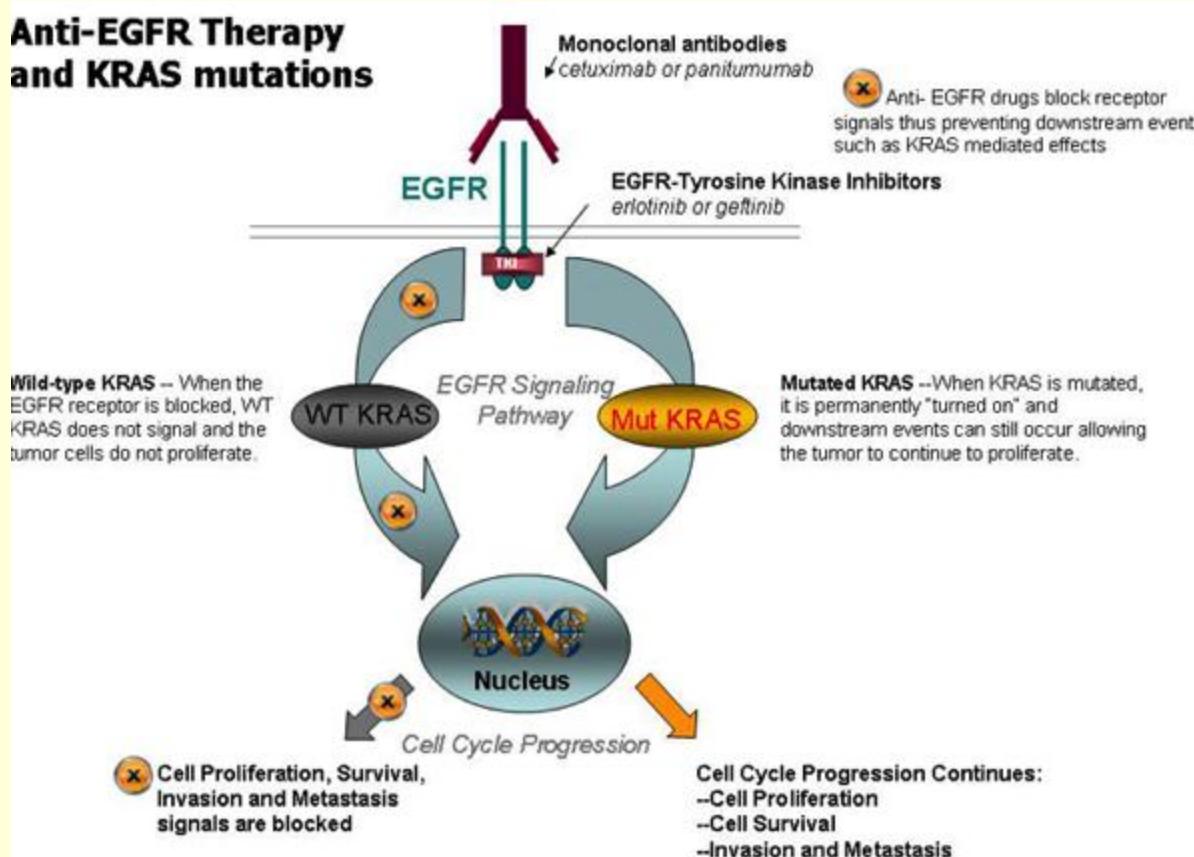
- Current lung cancer staging guidelines acknowledge:
 - Endosonography with fine needle aspiration
 - Mediastinal lymph nodes
 - Minimally invasive alternative to surgical staging to detect nodal disease.
 - Minimal material



Pathological diagnosis: On Cytology from lymph nodes

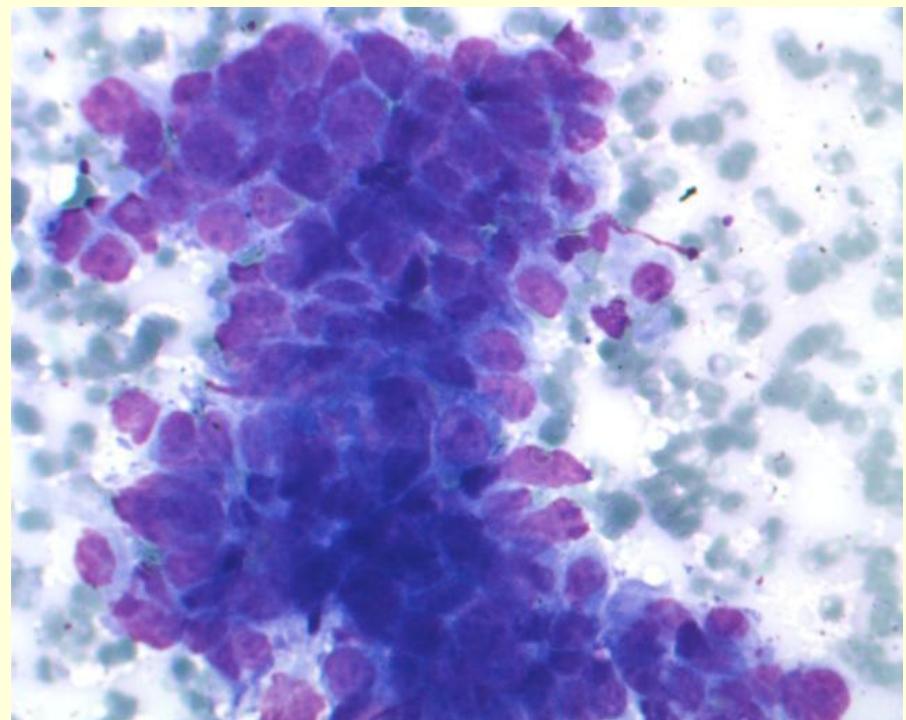
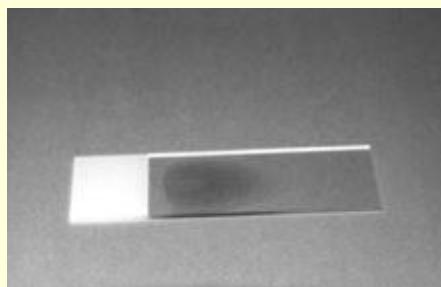
Molecular Pathology on the same material: Option for Personalized medicine?

EGFR activated, KRAS wildtype

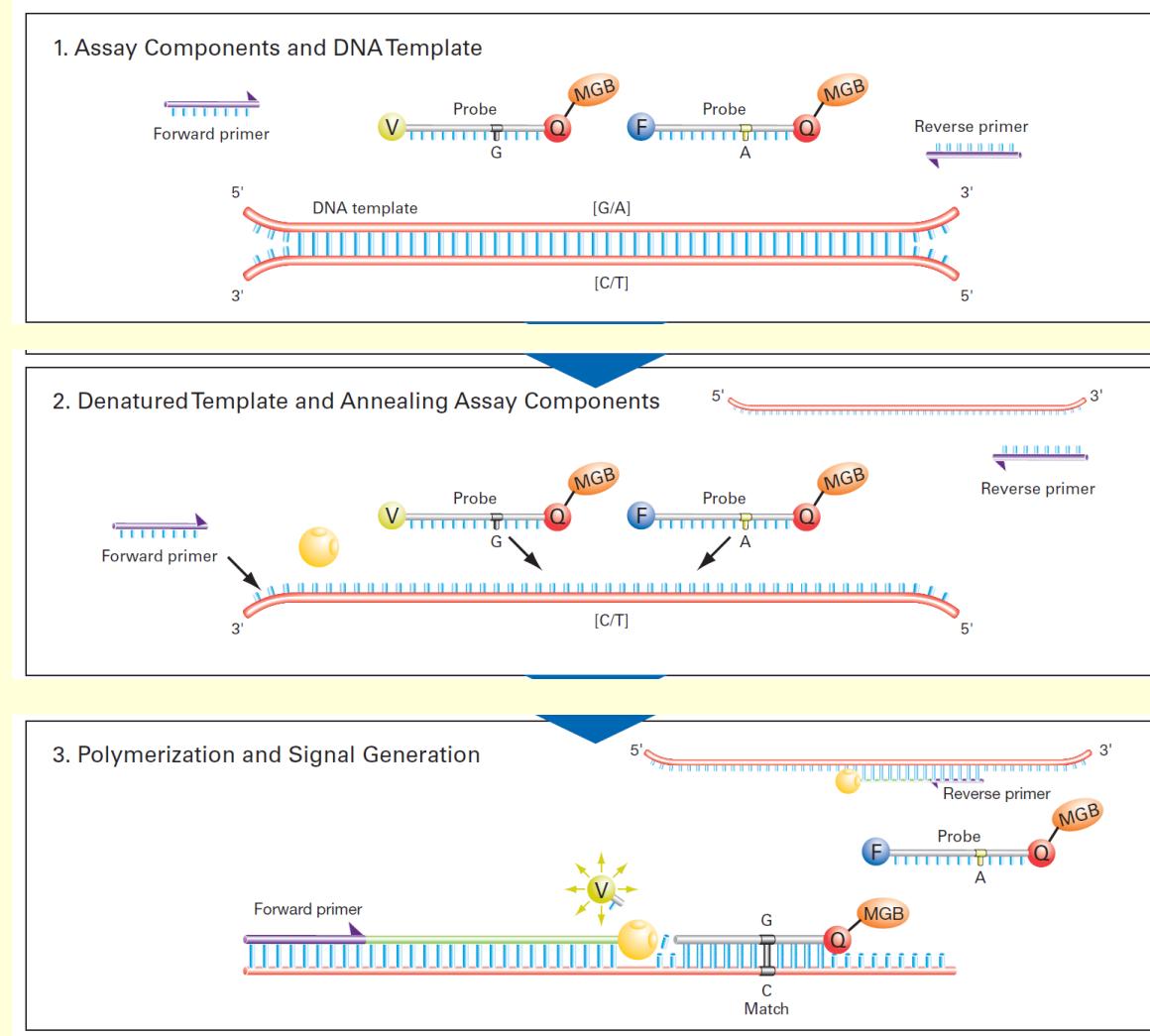


Limited material

FNA mediastinal lymphnode



Allele specific taqman probes = FAST

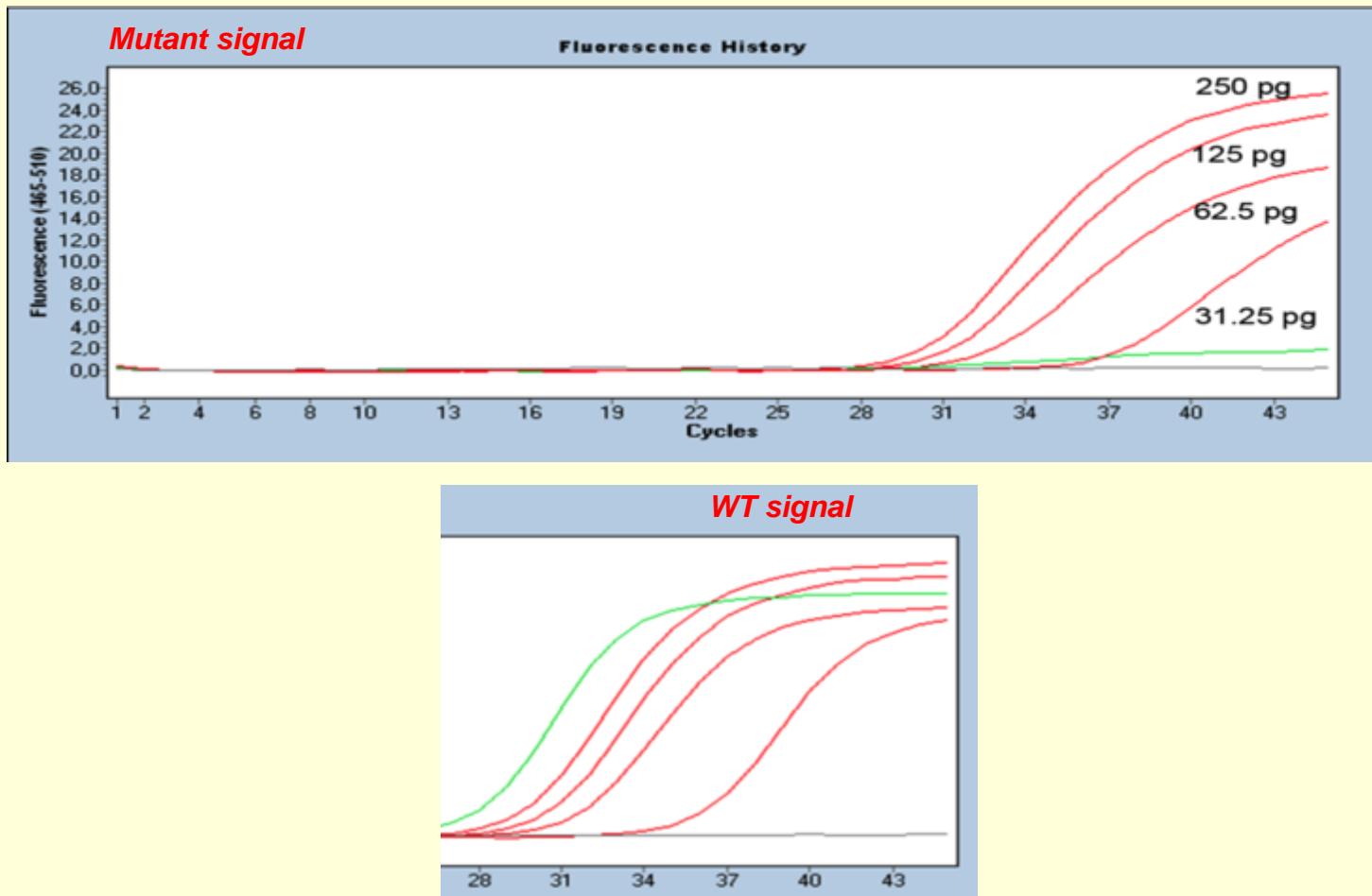


Rapid Mutation Analysis of Fine Needle Aspirates using allele-specific qPCR

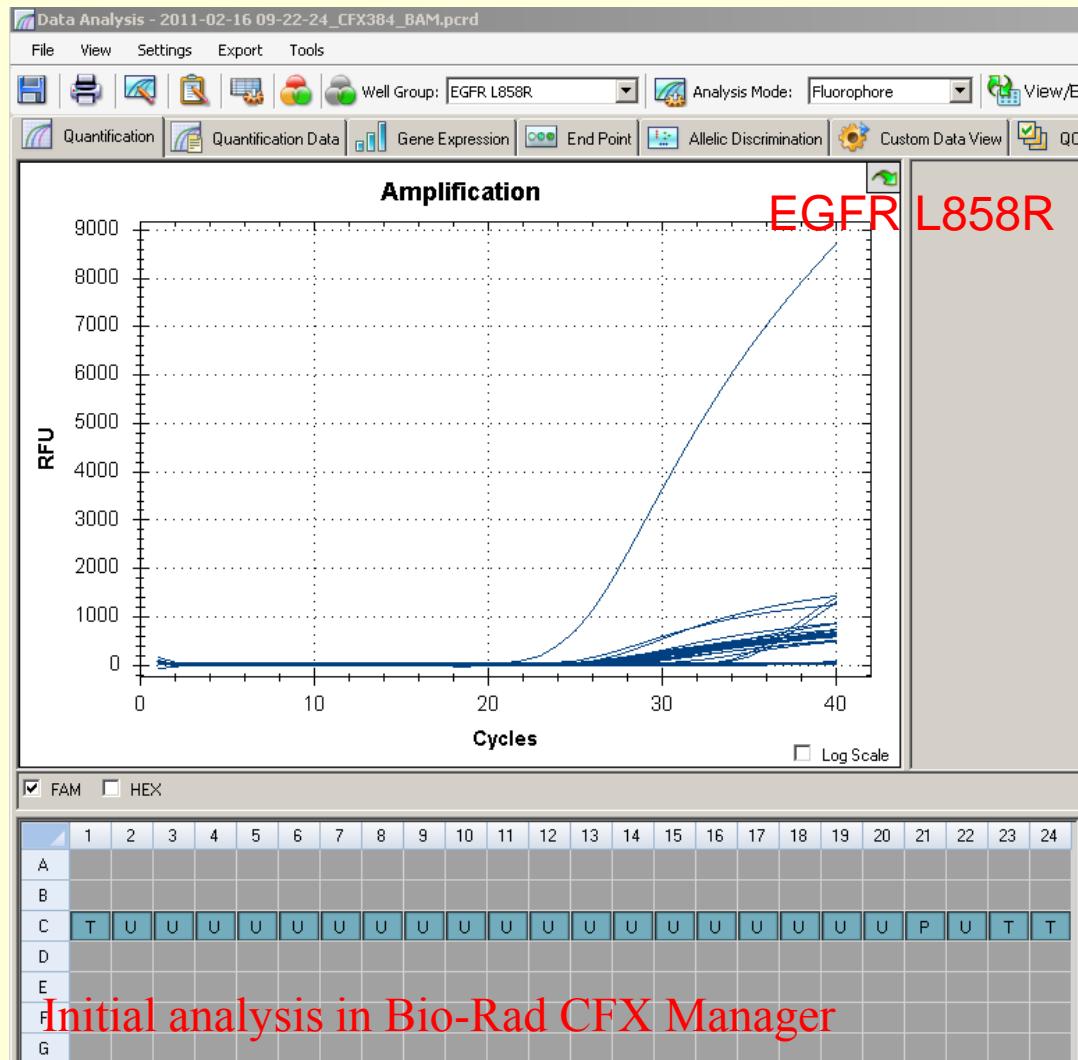
- EGFR: p.L858R*, exon 19 deletions*
- KRAS: p.G12S, p.G12R, p.G12C, p.G12D, p.G12A, p.G12V, p.G13D
- PIK3CA: p.E542K, p.E545K, p.H1047R
- BRAF: p.V600E, (p.V600K)
- NRAS, HRAS, KIT, IDH1/2,

And it works on minimal input DNA

Effect of the DNA concentration on the c.34G.T KRAS assay.

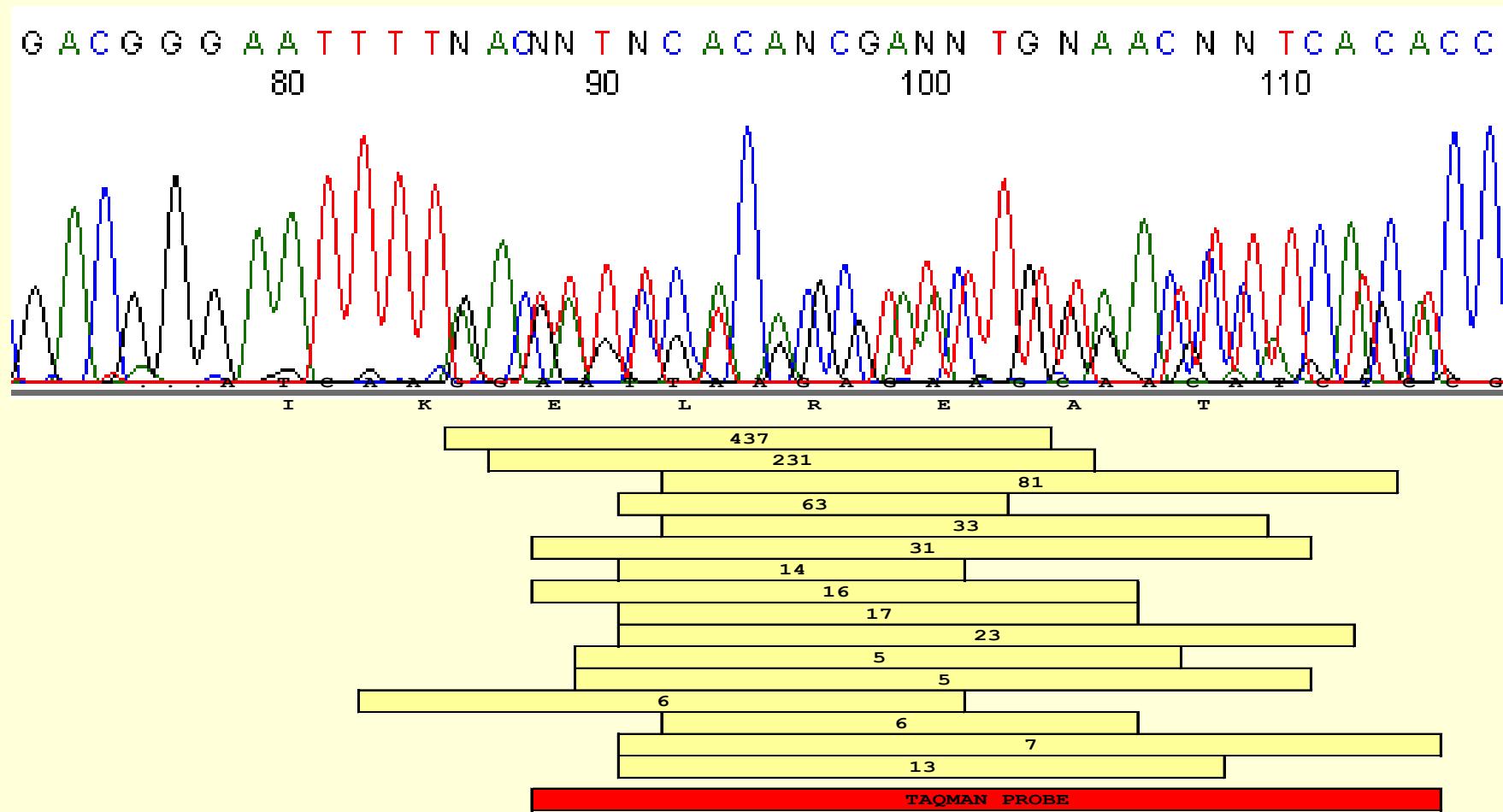


And it works on minimal input DNA



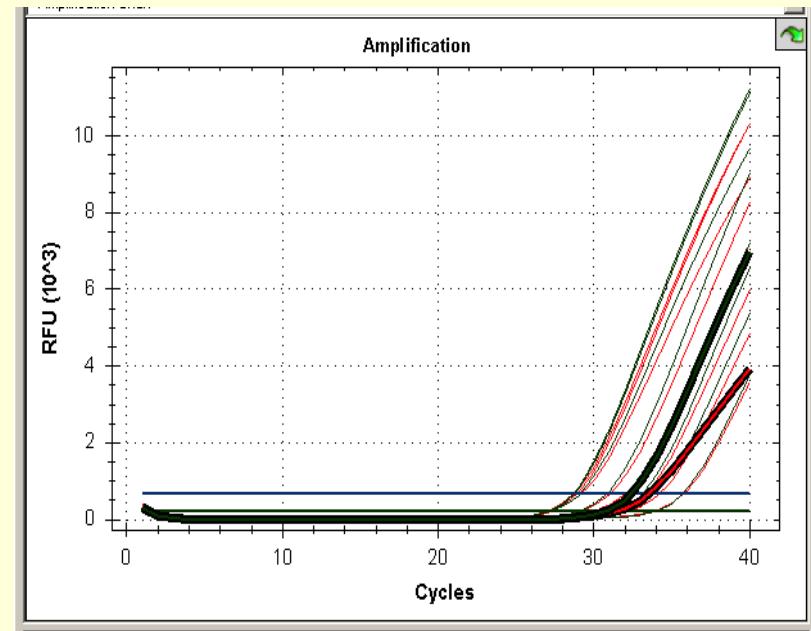
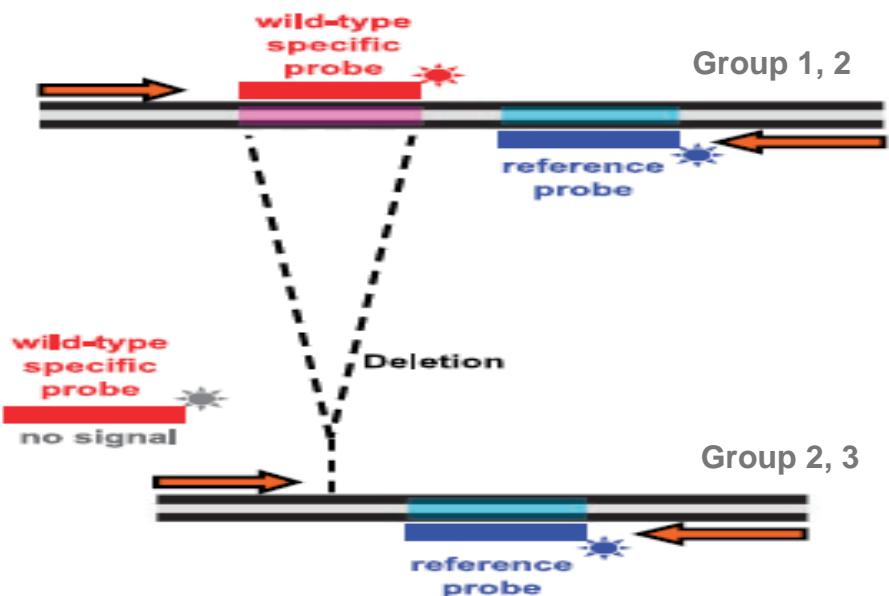
EGFR deletion exon 19

- ‘Classical detection’



FAST assay for exon 19 deletions

Wild type signal is lost if a deletion is present



Single-Molecule Detection of Epidermal Growth Factor Receptor Mutations in Plasma by Microfluidics Digital PCR in Non-Small Cell Lung Cancer Patients

Tony K.F. Yung,^{1,2} K.C. Allen Chan,^{1,2} Tony S.K. Mok,^{1,3} Joanna Tong,⁴ Ka-Fai To,⁴ and Y.M. Dennis Lo^{1,2,5}

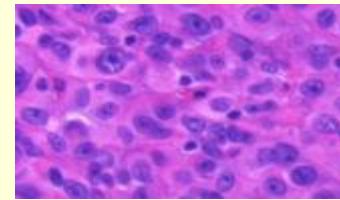
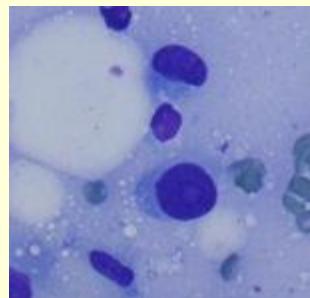
Clin Cancer Res 2009;15:2076-2084. Published online March 10, 2009.

Rapid KRAS, EGFR, BRAF and PIK3CA Mutation Analysis of Fine Needle Aspirates from Non-Small-Cell Lung Cancer Using Allele-Specific qPCR

PLOS ONE | www.plosone.org March 2011 | Volume 6 | Issue 3 | e17791

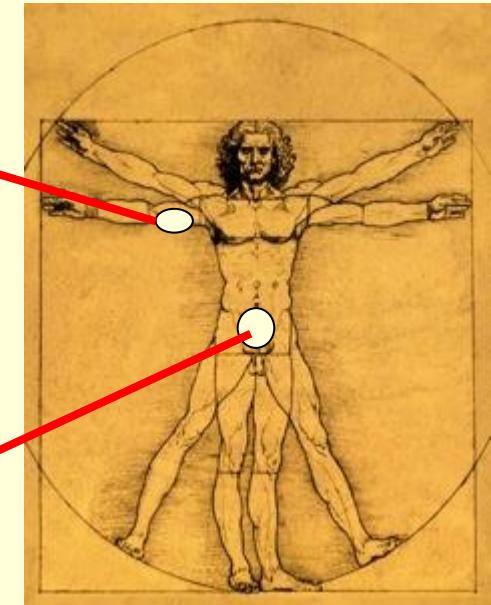
Tumor heterogeneity in melanoma

BRAFV600E

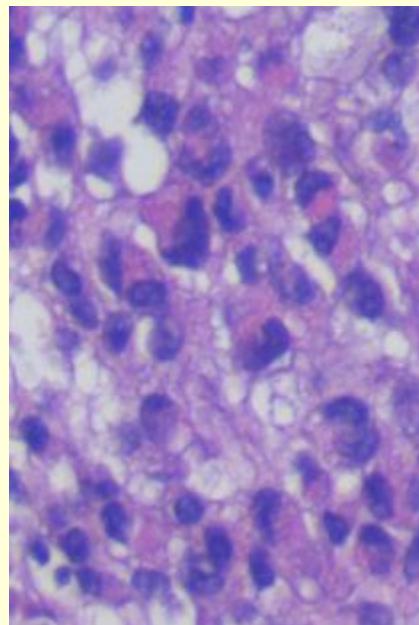


COBAS: BRAFV600 +

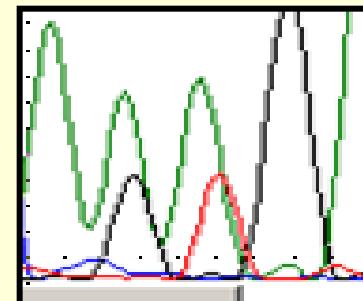
2 Subcutane lesions



NO BRAF V600E



GTG -> AAG: V600K



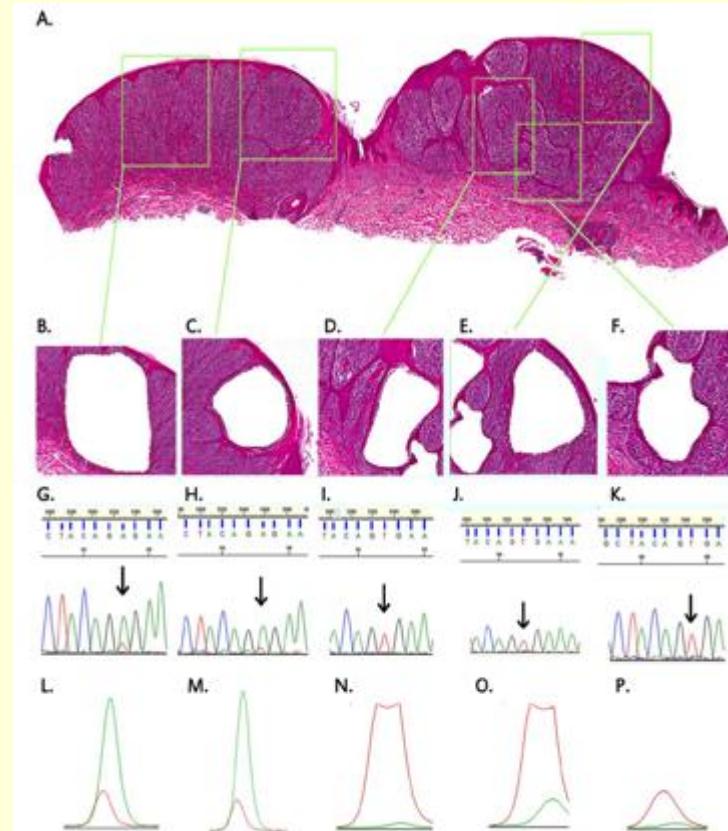
Intra- and Inter-Tumor Heterogeneity of *BRAF^{V600E}* Mutations in Primary and Metastatic Melanoma

Molly Yancovitz^{1,9}, Adam Litterman^{1,9}, Joanne Yoon¹, Elise Ng¹, Richard L. Shapiro², Russell S. Berman², Anna C. Pavlick^{1,3}, Farbod Darvishian⁴, Paul Christos⁵, Madhu Mazumdar⁵, Iman Osman^{1,3}, David Polsky^{1,4,*}

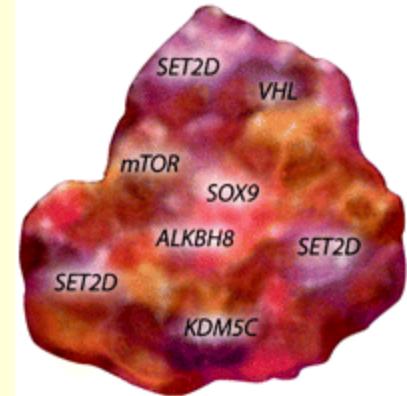
Table 4. BRAF mutation concordance between primary and metastatic specimens using MS-PCR.

Patient	Primary tumor	Metastatic tumor
1	Wild Type	Mutant
2	Wild Type	Mutant
3	Wild Type	Mutant
4	Wild Type	Mutant
5	Wild Type	Mutant
6	Wild Type	Mutant
7	Mutant	Mutant
8	Mutant	Mutant
9	Mutant	Mutant
10	Mutant	Mutant
11	Mutant	Mutant
12	Mutant	Mutant
13	Mutant	Mutant
14	Mutant	Mutant
15	Mutant	Mutant
16	Mutant	Mutant
17	Mutant	Wild Type
18	Mutant	Wild Type

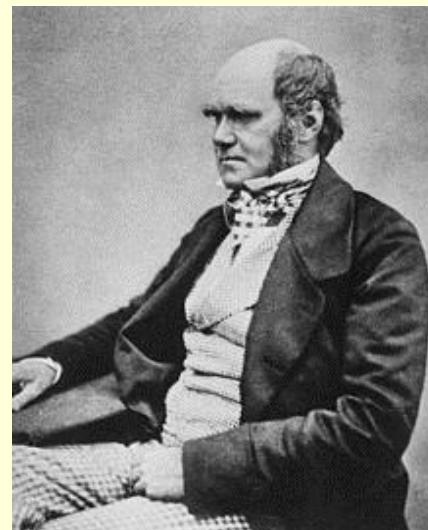
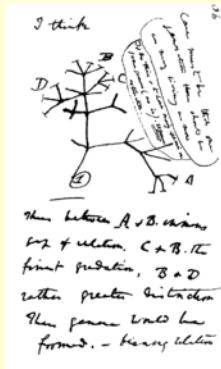
doi:10.1371/journal.pone.0029336.t004



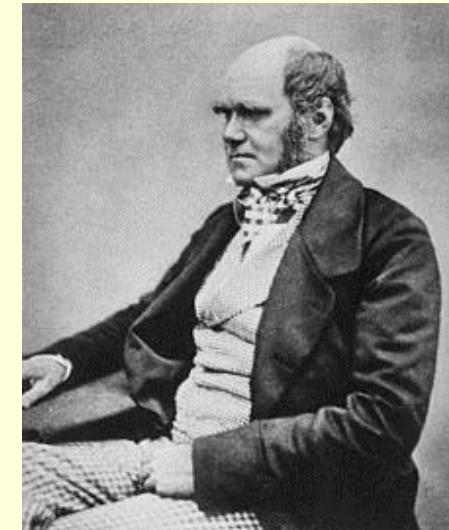
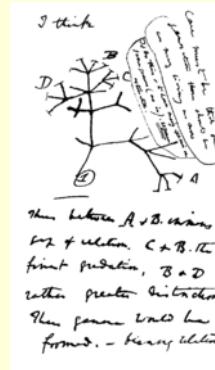
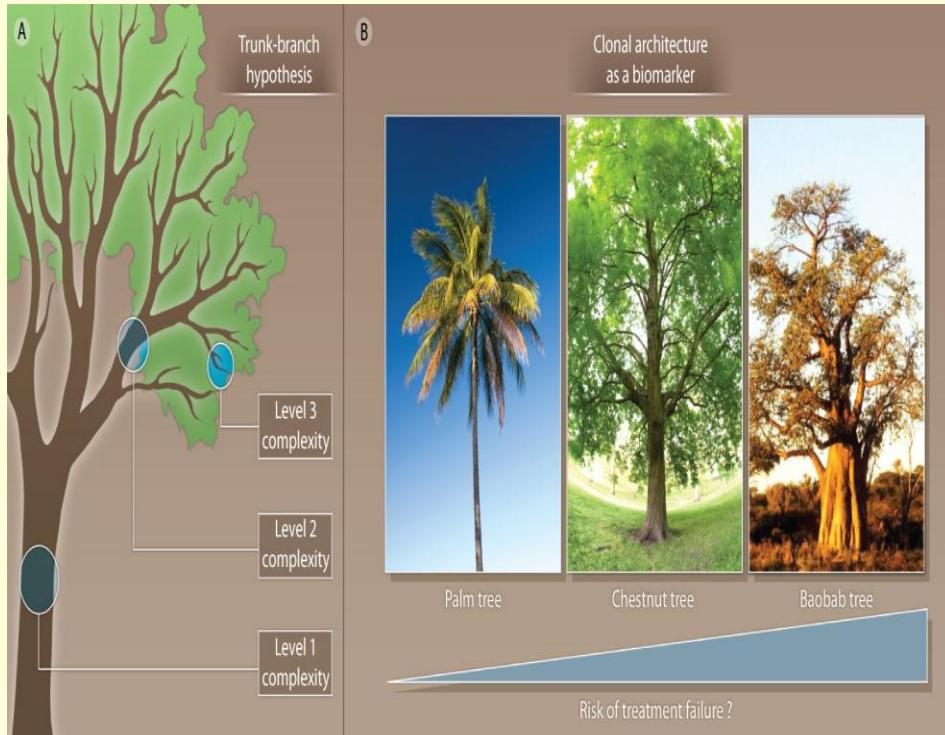
Tumor heterogeneity 1



- Gerlinger M et al. N Engl J Med. 2012 (10):883-92. Intratumor heterogeneity and branched evolution revealed by multiregion sequencing.
 - Cancer Discov. 2012; 2(8):660. A deeper look at tumor heterogeneity.

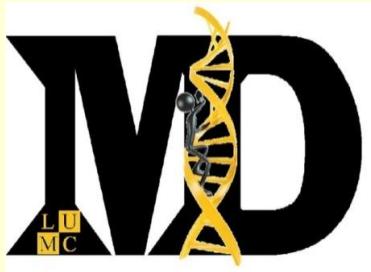


Tumor heterogeneity 2: A trunk-branch model of intratumor heterogeneity.



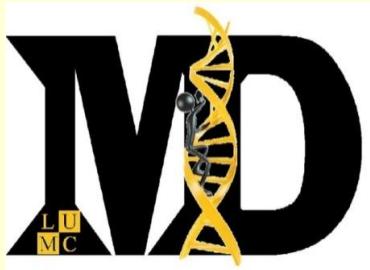
Yap T A et al. Sci Transl Med 2012;4:127ps10-127ps10

Charles Darwin: The origin of species



NGS current vs NGS limited material

- FFPE biopsies /FNA
- Mutation Genomic,
Methylomic,
Transcriptomic, miRNA,
fusion info needed.
- No DNA/cDNA
amplification possible
because of false positivity



NGS first/2nd/third



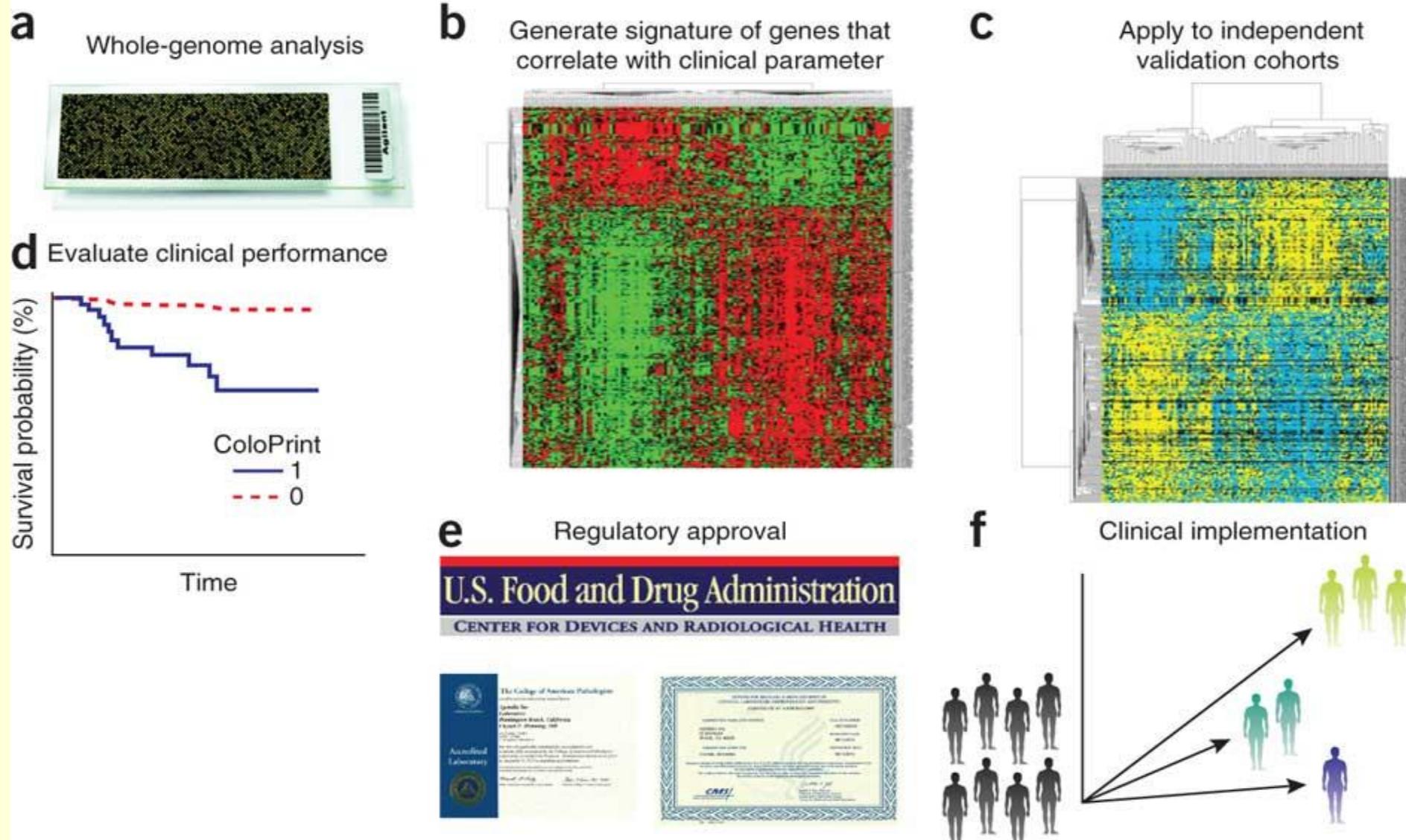
- FFPE Sequenom
- FFPE Target enrichment of selected gene sets
- Helicos
- Illumina high seq/my seq
- Ion/Proton Torrent
- Nanopore
- Complete genomics

Challenges:

- Frozen tissue vs FFPE
- False positivity rates?
Bioinformatics
- Logistics?

Taming the dragon: genomic biomarkers to individualize the treatment of cancer

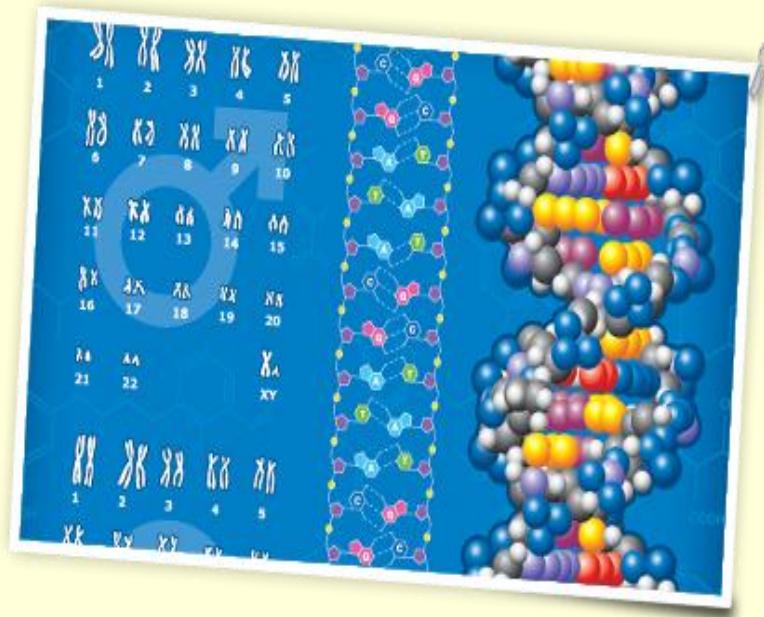
Nature Medicine 2011



Concluding remarks:

Improving the human condition
with genomic medicine

<http://personalgenome.com/>



Read Vogelstein and Kinzler:

Winning the war: Science Parkour

Vogelstein and Kinzler:

Winning the war: Science Parkour

www.ScienceTranslationalMedicine.org 2012

- There is a difference between *proclaiming* a war and *winning* a war. In 1971, U.S. President Richard Nixon proclaimed a war on cancer
 - Prevention and early detection
 - Immunotherapy, targeted therapy, achieving victory.
-
- Hanahan and Weinberg, 2011

